



Health Care for the Homeless

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Bibliography #19

Social Isolation Among Homeless People

November 2001

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Policy Research Associates, Inc. • 345 Delaware Avenue, Delmar, New York 12054
Under contract to the Health Resources and Services Administration, Bureau of Primary Health Care

2000

Nyamathi A; Leake B; Keenan C; Gelberg L. **Type of social support among homeless women: Its impact on psychosocial resources, health and health behaviors.** *Nursing Research*, 49(6):318-26, Nov-Dec 2000.

Information about whether specific types of support are associated with poor psychosocial profiles, health behaviors, and positive use of medical care is critical for identifying homeless women at highest risk for negative outcomes. This study aimed to examine the impact that various levels of support from substance users and nonusers have on homeless women's psychological profiles, health and health behaviors, and use of health services. This cross-sectional survey used a sample of 1,302 sheltered homeless women. Using controls for potential confounders, outcomes were compared across four mutually exclusive subgroups of women reporting support from substance users only (n=58), substance nonusers only (n=439), both users and nonusers (n=136), and no one (n=669). Structured and psychometrically sound instruments measured social support, substance use, self-esteem, coping, and psychological symptoms. Additional instruments measured sociodemographic characteristics, sexual risk behavior, health status, and use of health services. As compared with those who have little or no support, women whose support included substance nonusers reported better psychosocial profiles and somewhat greater use of health services. Support from substance nonusers only was associated with better health behaviors and greater use of health services. Support from substance users only was essentially equivalent to not having support. Modifying the social networks of homeless women appears to be associated with improved mental health outcomes, less risky health behaviors, and greater use of health services.

1999

Bates DS; Toro PA. **Developing measures to assess social support among homeless and poor people.** *Journal of Community Psychology*, 27(2): 137-156, 1999.

This article assesses two commonly employed measures of social support in a sample of 144 homeless and poor adults. Both the Interpersonal Support and Evaluation List (ISEL) and Social Network Interview (SNI) demonstrated acceptable psychometric properties. Reliability coefficients over a one-week interval ranged from 0.62 to 0.85 for ISEL variables and 0.74 to 0.82 for several key SNI variables. A number of significant predictors of variables from one or both of the measures were identified which supported the construct validity of the measures and were generally consistent with prior research on homeless and similar samples. These predictors included gender, current psychological distress, a diagnosis of severe mental

Bogard CJ, McConnell JJ, Gerstel N, Schwartz M. **Homeless mothers and depression: misdirected policy.** *J Health Soc Behav*, 40(1):46-62, Mar 1999.

This paper is a critique of recent service-intensive shelter programs for homeless mothers and the policies that underlie these shelters. We first document the process by which mental health problems and family homelessness became so closely but mistakenly linked. We then demonstrate empirically that shelter programs for homeless families nonetheless presume that mental health problems are part of the causal nexus of family homelessness and indiscriminately deliver mental health services to homeless mothers.

Simultaneously, shelter programs encourage the isolation of their residents from what they presume to be their "problematic" social networks. We show that, while mental health services had little impact on depression levels among homeless mothers, isolation from social networks did increase depression among homeless mothers. Our findings suggest that policy should put more emphasis on rapid reintegration into the community through providing housing, and it should put less emphasis on providing services.

Ennett ST; Bailey SL; Federman EB. **Social network characteristics associated with risky behaviors among runaway and homeless youth.** Journal of Health and Social Behavior, 40(1): 63-78, 1999.

This article describes the personal social networks of runaway and homeless youth and examines network characteristic associated with substance abuse and unsafe sexual behavior. A purposive sample of youth aged 14 to 21 who were living in Washington, DC, and were identified on the streets or through shelters or other service agencies (n=327) was interviewed in 1995 and 1996. The authors found that although most youth reported current social relationships, a significant minority (26%) did not. Youth without a social network were significantly more likely to report current illicit drug use, multiple sex partners, and survival sex than youth with a network. For youth with a network, the networks were small, strong in affective and supportive qualities, comprised primarily of friends, typically included an alcohol or illicit drug user, and usually were not a source of pressure for risky behavior.

Lam JA; Rosenheck R. **Social support and service use among homeless persons with serious mental illnesses.** International Journal of Social Psychiatry, 45(1): 13-28, 1999.

This report examines the relationship between levels of social support and service use among clients entering 18 community treatment programs for homeless individuals with mental illnesses as part of the Center for Mental Health Services Access to Community Care and Effective Services and Support (ACCESS) demonstration project. Baseline assessment data on 1,828 clients entering the ACCESS program were used to evaluate the relationship between individual client characteristics and various measures of social support, and to examine the relationship between levels and types of social support and levels of service use among homeless persons with serious mental illnesses. Results show that social support was lower among older people, males, clients with a history of childhood abuse, clients who have been homeless longer, clients with higher sociopathy scores, those with poorer health status, and clients with a psychotic disorder. Social support, on some measures, was higher among Blacks, Hispanics, and clients with a drug abuse problem. The authors conclude that access to social supports is associated with greater use of formal services perhaps because access to these supports reflects higher levels of interpersonal skills.

Link BG; Phelan JC; Bresnahan M; Stueve A; Pescosolido BA. **Public conceptions of mental illness: labels, causes, dangerousness, and social distance.** American Journal of Public Health, 89(9): 1328-1333, 1999.

The authors used a nation-wide survey data to characterize current public conceptions related to recognition of mental illness and perceived causes, dangerousness, and desired social distance. Data were derived from a vignette experiment. Respondents (n=1,444) were randomly assigned to one of five vignette conditions. Four described psychiatric disorders meeting diagnostic criteria, and the fifth depicted a "troubled person" with subclinical problems and worries. Results indicate that the majority of the public identifies schizophrenia (88%) and major depression (69%) as mental illnesses and that most report multicausal explanations combining stressful circumstances with biologic and genetic factors. Results also show, however, that smaller proportions associate alcohol (49%) and drug (44%) abuse with mental illness and that symptoms of mental illness remain strongly with public fears about potential violence and with a desire for limited social

interaction. The authors conclude that while there is reason for optimism in the public's recognition of mental illness and causal attributions, a strong stereotype of dangerousness and desire for social distance persist. These latter conditions are likely to negatively affect people with mental illness.

Wu T; Serper MR. **Social support and psychopathology in homeless patients presenting for emergency psychiatric treatment.** *Journal of Clinical Psychology*, 55(9), 1127-1133, 1999.

In this article, the authors compared homeless to domiciled psychiatric patients' symptomatology and perceived level of social support (PSS) within hours of psychiatric emergency service (PES) arrival. Homeless patients experienced less PSS and more negative symptoms, but not more psychosis, than their domiciled counterparts. Domiciled patients' PSS was highly related to their clinical presentation: less support predicted increased psychopathology. Homeless patients' clinical symptoms, although as common and severe, were unassociated with PSS. These findings suggest that homeless psychiatric patients may be less reactive to positive environmental influences like social support and manifest more severe and refractory symptoms than domiciled patients presenting for emergency treatment.

1998

Letiecq BL; Anderson EA; Koblinsky SA. **Social support of homeless and housed mothers: a comparison of temporary and permanent housing arrangements.** *Family Relations*, 47(4): 415-421, 1998.

This article compares the social support of 115 low-income housed mothers and 92 homeless mothers residing in emergency shelters, transitional housing units, and doubled-up housing arrangements. All mothers had a preschool child in the Head Start program and the majority of the sample was African American. Results revealed that homeless mothers in emergency shelters and transitional housing had significantly less contacts with friends and relatives, could count on fewer people in times of need, and received less help from their families over a six-month period than housed mothers. Findings suggest that family service workers should devise strategies to help homeless families access and mobilize existing familial supports and develop new social support networks. Additional implication for policy development and practice are discussed.

Martinez TE; Gleghorn A; Marx R; Clements K; Bowman M; Katz MH. **Psychosocial histories, social environment, and HIV risk behaviors of injection and noninjection drug using homeless youths.** *Journal of Psychoactive Drugs*, 30(1): 1-10, 1998.

This article examines a study on the prevalence of HIV high-risk sexual and drug use behavior in a population of homeless youth. The authors recruited 186 homeless, runaway, and street youth in three northern California cities using systematic street-based sampling methods, and assessed psychosocial histories, currently daily activities, and sexual and drug-related risk behaviors using qualitative and quantitative techniques. Youths reported high lifetime rates of injection drug use (45%), recent drug and alcohol abuse (100%), and current homelessness (84%). Injection drug using youths were more likely than noninjection drug using youth to report traumatic psychosocial histories, including parental substance use and forced institutionalization, use of alcohol and other noninjection drugs, a history of survival sex, and the use of squats or abandoned buildings as shelter. The authors state that these findings underscore the need for multifaceted service and prevention programs to address the varied needs of these high-risk youth.

North CS; Pollio DE; Smith EM; Spitznagel EL. **Correlates of early onset and chronicity of homelessness in a large urban homeless population.** J Nerv Ment Dis, 186(7):393-400, July 1998.

This study examined temporal relationships between relative onsets of mental illness and homelessness in a cross-sectional study of 900 homeless people compared with a matched, never-homeless sample from the Epidemiologic Catchment Area study. All psychiatric disorders preceded homelessness in the majority. Only one disorder, alcohol use disorder (in men only), had significantly earlier onset in homeless subjects. Regarding number of symptoms or earlier age of onset of psychiatric disorders, earlier onset of homelessness was associated with several diagnoses: schizophrenia, major depression, generalized anxiety disorder, alcohol and drug use disorders, and antisocial personality. In multiple regression models, history of dysfunctional family background and maternal psychiatric illness were also associated with earlier onset of homelessness, whereas education was protective. Chronicity of homelessness was associated with number of symptoms of alcohol use disorder and earlier age of onset of drug use disorder, presence and number of symptoms of schizophrenia and antisocial personality, and earlier onset of major depression and conduct disorder. In multiple regression models, more education, but not family background problems, was associated with shorter lifetime duration of homelessness. These findings provide information relevant to the roles of mental illness and personal vulnerability factors in the onset and chronicity of homelessness.

Pleace N. **Single homelessness as social exclusion: the unique and the extreme.** Social Policy and Administration, 32(1): 46-59, 1998.

Recent research into single homelessness and street homelessness has begun to consider the issue using the concepts and the language of social exclusion. This article considers the new literature and what it may mean in terms of changing the understanding of single homelessness. The author reviews the concept of social exclusion and the recent literature on single homelessness and draws associations between recent research in the two fields. Drawing on this, the author argues that single homelessness needs to be re-conceptualized and viewed as one of the products generated by the process of social exclusion. The author concludes that single homelessness is characterized chiefly by the inability of a section of the socially excluded population to gain access to welfare services and housing, and that "homelessness" does not exist as a discrete social problem with unique characteristics and causes.

Unger JB; Kipke MD; Simon TR; Johnson CJ; Montgomery SB; Iverson E. **Stress, coping, and social support among homeless youth.** Journal of Adolescent Research, 13(2): 134-157, 1998.

This article evaluated the extent to which stress, coping strategies, and social support were associated with depressive symptoms, poor physical health, and substance abuse in homeless youth. Data were obtained from a random sample of 432 homeless youth recruited from service provision sites and the streets in Los Angeles. Stressful life events were associated positively with symptoms of depression, poor physical health, and substance use. Use of emotion-focused coping strategies increased the risk of depression, poor health, and substance use disorders, whereas problem-focused coping decreased the risk of alcohol use disorder and poor health. Social support decreased the risk of depression and poor health only. The authors state the results indicate that effective coping skills and social support may counteract the negative effects of stressful life events on physical and psychological health in homeless youth.

White C. **Including the excluded.** Nurs Times, 94(37):32, September 16-22, 1998.

Youngblade LM; Mulvihill BA. **Individual differences in homeless preschoolers' social behavior.** Journal of Applied Developmental Psychology, 19(4): 593-614, 1998.

This article investigates correlates of individual differences in homeless preschoolers' social behavior upon entry into a childcare setting. Forty nine (34 boys, 15 girls) three- to five-year olds from homeless families participated. Correlational analyses demonstrated individual differences in developmental status based, in part, on differences in homelessness. Results of correlational and regression analyses showed that significant variance in the child's social behavior was accounted for by measures of the child's temperament, developmental status, relationship with his/her parent and/or sibling, parental characteristic, and indices of homelessness (e.g., length of time homeless, length of time in shelter). In particular, indices of homelessness predicted the child's social behavior above and beyond the more typical individual difference variables. The authors discuss the findings in terms of the effect of homelessness on the child's developmental and social experience.

1997

Fisk D; Laub D; Rowe M. **Homeless persons with mental illness and their families: a clinical study of estrangement and yearning to return home.** New Haven, Conn., Center for Mental Health Policy Services and Clinical Research, 1997.

This unpublished paper describes a study based on the authors' experiences of working with homeless persons who have mental illnesses in an outreach project at a community health clinic in New Haven, Conn. The project is a comparison site for the federal Access to Community Care for Effective Services and Support (ACCESS) initiative. Results show that some of the homeless persons who received mental health services from the project had varying levels of contact with their families, and others, while they had no physical contact with their families, maintained a powerful emotional connection to them.

Frohlich KL; Fournier L. **Psychometric properties of the Interpersonal Relationship Inventory with a homeless sample.** Psychol Rep, 80(3 Pt 1):883-898, June 1997.

This paper examined the psychometric properties of the Interpersonal Relationship Inventory with a sample of homeless men who were first-time shelter users. The measure, based on social exchange theory and equity theory, has two subscales, one for support and the other for conflict. As yet, few measurements have been developed to assess conflict from within social networks. As part of a larger longitudinal study a sample of 166 first-time shelter users was administered the inventory. A student sample also filled out the inventory for comparison purposes. Internal consistency for both subscales was good, .90 for Support and .83 for Conflict. Weak interitem correlations were prevalent among many items in the Conflict subscale. A nearly zero correlation was found between scores on the Support and Conflict subscales, suggesting independence. Analysis confirmed a dual factor structure. There was no statistically significant differences between age groups on either the Support or the Conflict subscales. When controlling for age, scores on the Support scale discriminated the homeless and student samples, while scores on the Conflict subscale do not. The Support subscale indicates excellent psychometric qualities, while the Conflict subscale should be refined.

Gallagher TC; Andersen RM; Kogel P; Gelberg L. **Determinants of regular source of care among homeless adults in Los Angeles.** Medical Care, 35(8): 814-830, 1997.

The authors examined regular sources of care among the homeless, using an adaptation of the Behavioral Model of health services utilization as an analytic framework. Results indicated that 57% of the sample reported having a regular source of care. Some factors found to be barriers to regular care included such characteristics as competing needs, long-term homelessness, and social isolation. The authors conclude that in the context of resources, the distribution of regular source of care among the homeless appears to be highly inequitable, and that some of the characteristics identifying those with a regular source of care suggest, among other things, a lack of fit between the needs of the homeless and the organization of health services.

Geber G. **Barriers to health care for street youth.** J Adolescent Health, 21: 287-90, 1997.

This study investigates the barriers to health care faced by runaway adolescents. A convenience sample of 89 street youth located through community agencies was surveyed to elicit their perceptions of barriers to care. Results indicated that these youth experience a wide range of barriers to health care, both objective and subjective. They also experience fears with regard to receiving health care, many of which seem developmental in nature. The relative isolation of these youth compounds the objective barriers they face, yet many overcame these barriers and received needed care.

Gelberg L; Gallagher C; Anderson R; Koegel P. **Competing priorities as a barrier to medical care among homeless adults in Los Angeles.** Am J Public Health, 87(2), 217-22, February 1997.

Mulryan J; Mulryan T. **The dark side of the mood.** Boston, MA: Fanlight Productions, 1997.

This moving documentary weaves together the stories of three mentally disabled men, formerly homeless, who have overcome despair, stigma and isolation to become valued members of their community. Joe, diagnosed as paranoid schizophrenic, now provides peer counseling and manages an apartment complex for homeless men. After years of hospitalization for schizophrenia, Ron now advocates for patients' rights and is raising his six-year-old son as a single parent. John still struggles with paranoia, but now lives independently and works as an artist and poet. After years of feeling hopeless and helpless, through their relationships with understanding friends and community resources, they now help others.

Nyamathi A; Flaskerud J; Leake B. **HIV-risk behaviors and mental health characteristics among homeless or drug-recovering women and their closest sources of social support.** Nurs Res, 46:133-7, May-June 1997.

This article describes risky drug and sexual behavior and mental health characteristics in a sample of 240 homeless or drug-recovering women and their most immediate sources of social support. Women and their closest support sources both reported a great deal of recent noninjection drug use (56% and 52%, respectively) and lesser, though similar amounts of recent injection drug use (12% and 14%, respectively).

More than one third of both groups reported a history of sexually transmitted disease and sexual activity with multiple partners. Fifty-one percent of the women and 31% of their support sources had Center for Epidemiological Studies Depression Scale (CES-D) scores of 27 or greater, suggesting a high level of depressive disorders in both samples. Similarly, 76% of the women and 59% of their support sources had psychological well-being scores below a standard clinical cutoff point. These data suggest that homeless and impoverished women turn to individuals who are themselves at high risk for emotional distress and risky behaviors as their main sources of support.

Rabideau JMP; Toro PA. **Social and environmental predictors of adjustment in homeless children.** In Smith EM;Ferrari JR (eds.), *Diversity Within the Homeless Population: Implications for Intervention.* Binghamton, NY: The Haworth Press, 1997.

This chapter describes a study that examined social and environmental predictors of adjustment in homeless children using a sample of 32 mothers and 68 children who were referred to the Demonstration Employment Project-Training and Housing (DEPTH), which was based in Buffalo, N.Y. Based on information collected through mother and child interviews, socioenvironmental and maternal characteristics, and child adjustment measures were taken. The results indicated that homeless children were experiencing more behavior problems and depression as compared to the community norm. Factors such as the extent of domestic violence in the mother's recent relationships and the level of parenting hassles were related to this situation. The authors discuss the implications of their findings for intervention.

Rosenfield S; Wenzel S. **Social networks and chronic mental illness: a test of four perspectives.** *Social Problems*, 44(2):200-216, 1997.

This study tests four perspectives on social relations and quality of life, all of which hold that dimensions of networks shape life satisfaction by affecting self-esteem. However, these perspectives disagree about which particular dimension is consequential: relationships with Insiders vs. Outsiders, the extent of supportive relationships, or the number of negative ties. The authors test these perspectives using longitudinal data on 137 individuals with serious mental illnesses. Results show that the proportion of Insiders or Outsiders makes little difference for quality of life, however, increases in the number of supportive relationships improves life quality. Moreover, negative interactions have a strong detrimental effect on life satisfaction. Further analyses show that supportive and negative relationships affect life quality, respectively, by increasing or decreasing individuals' self-esteem.

Segal SP; Silverman C; Temkin T. **Social networks and psychological disability among housed and homeless users of self-help agencies.** *Soc Work Health Care*, 25(3):49-61, 1997.

We look at the effects of psychological disability on social networks and support of homeless and non-homeless individuals. We analyze a survey of 310 long-term users of client-run mental health agencies. Psychological disability is negatively associated with network characteristics for housed individuals, but not for the homeless. There is a positive relationship between psychological distress and network size for the homeless who receive SSI while homeless individuals who do not receive SSI show a negative, non-significant association. We suggest the financial resources of SSI enable network members to become expressively involved with homeless individuals with relatively more psychological disturbance.

U.S. Department of Housing and Urban Development. **Community building in public housing: ties that bind people and their communities.** Washington, DC: U.S. Department of Housing and Urban Development, 1997.

This report describes a community-building approach to fighting poverty. It shares many concepts with policy initiatives such as Consolidated Planning, Empowerment Zones, Enterprise Communities, and Hope VI. The report has four chapters: (1) community-building: emerging as a key strategy; (2) community-building steps for public housing authorities; (3) community-building strategies: examples; and (4) community-building through partnerships. It concludes that community building strengthens the social networks of public housing communities and works to mitigate their isolation from the mainstream economy and the larger society.

1996

Adams CE; Pantelis C; Duke PJ; Barnes TR. **Psychopathology, social and cognitive functioning in a hostel for homeless women.** Br J Psychiatry, 168:82-6, January 1996.

BACKGROUND: This study surveyed all residents in a hostel for homeless women. Demographic data, and information on past and present psychiatric and social morbidity, and current and premorbid cognitive functioning were collected. **METHOD:** A four week prevalence study, using: SCID-PD; a semi-structured interview; GHQ; SBS; Manchester Scale; MMSE; and NART; the data were analyzed using SPSS. **RESULTS:** The women originated from across the social spectrum and disruption of early family life was common. Fifty per cent had a severe mental illness and most were not receiving drug treatment. High levels of active psychotic symptoms were present. Women with psychosis had suffered a greater intellectual decline from their premorbid levels of functioning than those without psychosis. **CONCLUSIONS:** The study affirmed findings of earlier studies employing case-studies methodology. Women with high levels of psychiatric morbidity and social dysfunction were being managed by care workers in a way that may promote stability rather than a drift into street-life.

Lough M; Schank M. **Health and social support among older women in congregate housing.** Public Health Nursing, 13(6): 434-441, 1996.

This study of community-dwelling elderly found that perceptions of positive health status and adequate social support do not decline with age, even among the old. The relationship between health status and social support reflects the reciprocal nature of person and environment found in the ecologic model.

Rogers R. **The effects of family composition, health, and social support linkages on mortality.** Journal of Health and Social Behavior, 37:326-338, 1996.

This study reveals how family living arrangements influence mortality. The author used the National Health Interview Survey, Supplement on Aging, and discrete-time hazard rate models to show that some family arrangements result from strong social bonds, but others are a result of financial needs or health problems. In some instances, it is not family living arrangements that influence the risk of mortality but vice-versa: The family rearranges itself to deal with ill health and disability among its members. The family strives to promote

health, prevent disease, and encourage economic security. However, family members who endure economic or health hardships face increased risk of death.

Stahler GJ; Stimmel B (eds.). **The effectiveness of social interventions for homeless substance abusers.** Binghamton, NY: The Haworth Press, Inc., 1996.

This book is devoted to reporting results of research funded by the National Institute on Drug Abuse (NIDA), concerning substance abuse treatment outcomes for homeless persons. Contributing authors assess the effectiveness of various extended interventions for homeless persons with alcohol and/or other drug problems. Chapters describe best practices in serving homeless persons with substance abuse problems by addressing three areas in the field of substance abuse outcome research: 1) evaluations of treatment outcome effectiveness; 2) dosage effects of services; 3) client characteristic predictors of successful treatment. The book illustrates ways to develop treatment programs that focus not only on addiction, but on the tangible needs of homeless persons, including housing, income support, and employment. AVAILABLE FROM: The Haworth Medical Press, 10 Alice St., Binghamton, NY 13904-1580, (800) 342-9678. (COST: \$34.95)

Walsh J. **Social network changes over 20 months for clients receiving assertive case management service.** *Psychiatric Rehabilitation Journal*, 19(3):81-85, 1996.

The potential for assertive community-based treatment programs to develop natural support resources for persons with serious mental illness has not been adequately examined. This article describes a project in which 50 clients from one such program were surveyed twice within a 20-month interval to determine any changes in their social support systems. No differences were found regarding the respondents' social network cluster involvements, personal network size, and levels of perceived friend or family support. Differences were found in the numbers of respondents reporting contacts in two network clusters. Women also reported a larger overall personal network size.

Wardhaugh J. **'Homelessness in Chinatown': deviance and social control in Cardboard City.** *Sociology*, 39(4):701-716, 1996.

The author analyzes the complex relations between the marginal street homeless and the dominant settled populations, an analysis which has been informed by theoretical debates concerning 'home' and the city. In particular, there has been an exploration of the processes associated with globalization, which have resulted in a disintegrating sense of home, in continually shifting social and physical boundaries, and in geographies of exclusion. The author provides a detailed ethnography of street homeless to provide accounts of such dynamics.

Wright T; Vermund A. **Suburban homelessness and social space: strategies of authority and local resistance in Orange County, California.** In Dehavenon AL (ed.), *There's No Place Like Home: Anthropological Perspectives on Housing and Homelessness in the United States*. Westport, CT: Bergin & Garvey, 121-143, 1996.

In this chapter, the authors capture the perspective of suburban homeless park dwellers in their analysis of resistance to the authoritative strategies of the government bureaucracy in Orange County, Calif. The authors

found the park dwellers struggle with local police and the degradations of applying for welfare in an attempt to maintain their dignity in a desperate situation. In opposition to humiliation experienced at the hand of police and eligibility technicians, the park dwellers create extensive social networks and redistribution systems with rigorous rules of fairness. The park dwellers were also found to deploy tactics to evade local rules which are often used to force them from the park they occupy. The authors explore the divisions and confrontations that ensue and recommend that the federal government renew its commitment to the provision of low-cost housing, raising the minimum wage, and creating a national health care system.

1995

Hamid WA; Wykes T; Stansfeld S. **The social disablement of men in hostels for homeless people. II. A comparison with patients from long-stay wards.** Br J Psychiatry, 166:809-12, June 1995.

BACKGROUND: Some authors have argued that hostels for homeless people are increasingly taking over the role of psychiatric long-stay wards, and that this creates a problem. We set out to test this hypothesis. METHOD: The social disablement of a random sample of 101 homeless men, described in Part 1, was compared with that of a sample of 66 psychiatric patients from a long-stay ward. RESULTS: The study sample rated significantly lower for social disablement than the long-stay ward sample. Thirteen subjects of the hostel sample had psychotic social behavior problems. These had no history of being long-stay psychiatric patients. CONCLUSIONS: The hostel sample differ significantly in their social disablement from the chronic psychiatric patients. There is a small proportion of severely disturbed residents who might have been over-represented in previous non-random surveys.

Lehman AF; Kernan E; DeForge BR; Dixon L. **Effects of homelessness on the quality of life of persons with severe mental illness.** Psychiatr Serv, 46(9):922-926, September 1995.

OBJECTIVE: This study assessed the relationship between homelessness and specific quality-of-life problems for persons with severe and persistent mental illness. METHODS: The objective and subjective quality of life of 106 homeless persons with severe mental illness who lived on the streets or in shelters in Baltimore was compared with that of 146 domiciled persons with severe mental illness who lived in the community. RESULTS: Objective and subjective quality of life of the homeless subjects was clearly worse than that of the domiciled group in the areas of living situation, family and social relations, employment, daily activities, and legal and safety problems. Homeless subjects were also less likely to have federal disability entitlements. CONCLUSIONS: Poorer quality of life is associated with homelessness among persons with severe mental illness. Their quality of life may be improved by efforts to increase their access to disability entitlements and treatment services and to help them develop supportive social networks.

Link BG; Schwartz S; Moore R; Phelan J; Struening E; Stueve A; Colten ME. **Public knowledge, attitudes, and beliefs about homeless people: evidence for compassion fatigue.** Am J Community Psychol, 23(4):533-555, August 1995.

Media reports suggest that the public is becoming impatient with the homeless--that so-called "compassion fatigue" has gripped the nation. This characterization of public sentiment could have important policy consequences-- restrictive measures can be justified by growing public impatience, and progressive housing policies seem feasible within a hostile climate of opinion. But evidence to support the compassion fatigue notion is anecdotal. We examine the issue by tracking the results of public opinion polls and by reporting detailed evidence from a nationwide random-digit dial telephone survey (n=1,507) concerning knowledge attitudes and beliefs about homeless people. To be sure, the public sees homelessness as an undesirable social problem and wants something done about it. However, although the homeless are clearly stigmatized, there is little evidence to suggest that the public has lost compassion and is unwilling to support policies to help homeless people.

Singer RS; Hart LA; Zasloff RL. **Dilemmas associated with rehousing homeless people who have companion animals.** Psychol Rep, 77(3 Pt 1):851-857, December 1995.

Sixty six individuals were given a questionnaire during the initial visit to a veterinary clinic for homeless pet owners. Among the 35 men and 31 women, 32 had been homeless for six months or less and were termed the acutely homeless subgroup, and 34 had been homeless multiple times or for more than six months and were termed the chronically homeless subgroup. In responding to the Lexington Attachment to Pets Scale, both men and women participants had significantly higher mean scores on attachment to their pets than did the scale's standardization population. Participants did not differ from the normative sample of adults on the Beck Hopelessness Scale. Both men and women participants stated a preference for being rehoused. 93% of men and 96% of women said that housing would not be acceptable if pets were not allowed. 61% of the men and 33% of the women stated they would be willing to live anywhere pets were allowed except in a shelter. Reluctance to live in a shelter was significantly greater among chronically homeless men than other subgroups, and they also had low desire to be rehoused. A majority of the participants had been refused housing because they had pets. Attempts to rehouse homeless individuals who have pets are likely to be unsuccessful unless accommodation for pets is included.

Sumerlin JR. **Adaptation to homelessness: self-actualization, loneliness, and depression in street homeless men.** Psychological Reports, 77(1): 295-314, 1995.

This article describes a study where adaptation to homelessness was investigated in a sample of 145 street homeless men using loneliness and depression scales and the construct of self-actualization. Findings suggest that satisfying interpersonal relationships are common pathways to mental health.

Walters J; Neugeboren B. **Collaboration between mental health organizations and religious institutions.** Psychiatric Rehabilitation Journal, 19(2):51-57, 1995.

The authors explain that religious institutions have a historical investment in opening doors and minds to people who are struggling to cope with the isolation that mental illness presents. They contend that collaboration between mental health organizations and religious institutions provides valuable linkages for mental health professionals seeking assistance in discharge planning, management of outpatient needs, and increasing community awareness of mental illness. The role of the mental health professional in making collaboration work includes defining objectives; conducting a search; developing a proposal; obtaining church leadership approval; negotiating the issues; and maintaining, reviewing and revising programs. Barriers to implementing partnerships are described including identification of shared goals, church organizational structures, autonomy issues, fear of new ventures, problem of sharing space, and funding. Results show that

successful collaboration can achieve patient benefits such as expanded services, facilitating discharge, client normalization, and decreased stigmatization.

1994

Marin MV; Vacha EF. **Self-help strategies and resources among people at risk of homelessness: empirical findings and social services policy.** Soc Work, 39(6):649-657, November 1994.

Although studies suggest that informal helping among poor people keeps millions off the streets of America, very little is known about self-help strategies and resources that exist among poor households and their role in the prevention of homelessness. This study examines the characteristics of homeless people who double up with their friends and relatives. It also examines their relationships with those who house them. Survey data revealed differences in the helping strategies and resources of those who double up. The respondents' sex, race, presence of children, and dependence on public assistance appear to influence the opportunities to double up with friends or relatives. Recommendations are made to enhance the living conditions among doubled-up households so they may continue to serve as a foundation in the prevention of homelessness. Although our primary focus is on the homeless population, policy recommendations include ways to help the low-income households that shelter them as well.

Schutt RK; Meschede T; Rierdan J. **Distress, suicidal thoughts, and social support among homeless adults.** J Health Soc Behav, 35:134-42, June 1994.

Influences on psychological distress and suicidal thoughts are evaluated with a sample of 218 sheltered homeless adults. Levels of distress and suicidal thoughts are much higher than in the general population, and are comparable to those found by Rossi (1989). Perceived social support lessens distress and suicidal thoughts directly and also buffers homeless persons from the distress associated with traumatic experiences. There is little indication of a mediating (intervening) role of social support. Distress and suicidal thoughts are also associated with increased health problems; homeless history and sociodemographic characteristics are less important as predictors. Distress itself increases suicidal thoughts--directly, and also in interaction with low levels of social support. We conclude that distress among homeless persons is explained by the same types of influences as those that account for distress among the general population--the gravity of homeless persons' economic situation does not preclude sensitivity to the benefits of social support.

Stovall J; Flaherty J. **Homeless women, disaffiliation and social agencies.** Int J Soc Psychiatry, 40:135-40, Summer 1994.

Homeless individuals have limited social support systems. Not clearly defined, however, is the relationship between homelessness, gender, and social agencies. In our study 102 homeless individuals were interviewed in shelters. This included administration of the SADS and the subject's rating their perceived level of support from friends, family and social agencies. Significant findings in the analysis showed a higher level of

perceived support by males than by females. More precisely, this was true in the area of support from social agencies, where females rated support from these organizations as significantly lower than did males. The findings were unchanged when age, presence of psychiatric illness or length of time homeless were factored in. Important implications for public policy are clear since existing social service agencies working with the homeless are less likely to be perceived as supportive by females than by males.

Turner RJ; Marino F. **Social support and social structure: a descriptive epidemiology.** Journal of Health and Social Behavior, 35(September) 193-212, 1994.

Despite a very large and growing literature demonstrating the significance of social support for health and well-being, surprisingly little is known about the social distribution of this crucial resource. This paper presents data on the distribution of social support and support resources across social class, marital status, age, and gender, with the aims of contributing toward an understanding of the impact of social structures on processes of social support, and of assessing the hypothesis that epidemiological variations in mental health arise partially from social support differences. The epidemiology of perceived social support was found to correspond closely to the epidemiology of psychological distress and disorder. The single exception involved gender, where a positive rather than negative relationship was observed, with women demonstrating the highest levels of both social support and psychological distress. The observed patterns of variation in social support link this significant adaptive resource to one's locations in the social structure and reinforce the conclusion that it represents a promising intervention target. The practical importance of these results, however, are not matched by theoretical significance. Except in the case of marital status, our findings largely discount the hypothesis that the social distribution of mental health is partially attributable to social support differences.

1993

Bassuk EL. **Social and economic hardships of homeless and other poor women.** Better Homes Foundation, Newton Centre, Boston, Mass. Am J Orthopsychiatry, 63:340-7, July 1993.

Homeless women generally face the same social and economic problems as do men but in an intensified form due to the social marginalization of women and the responsibilities of parenthood, often borne by women alone. Remedies that entail changes in public policy and the enhancement of social-support networks are discussed.

DiBlasio FA; Belcher JR. **Social work outreach to homeless people and the need to address issues of self-esteem.** Health Soc Work, 18:281-7, November 1993.

This article assesses self-esteem in a sample of homeless people from a major urban area. The findings indicate bivariate associations between low self-esteem and depression, family relationships, goal attainment, disability, health, and food deprivation. Multivariate analysis suggests that depression and poor health are the two most significant variables that contribute to low self-esteem. Social work outreach can provide services to positively influence homeless peoples' lives. First, however, it is important to facilitate proper psychosocial and psychiatric assessment, to make a diagnosis, and to provide on-site treatment.

Elias CJ, Inui TS. **When a house is not a home: exploring the meaning of shelter among chronically homeless older men.** *Gerontologist*, 33(3):396-402, June 1993.

This study explored the world of 35 chronically homeless older men in downtown Seattle, with special attention to their experience of shelter and its effect on health-seeking behavior. We found that their experience of shelter is intertwined with their perceptions of self and use of alcohol. For many, the public shelter provides safety, support, community, and an opportunity to regain sobriety--attributes of shelter often unattainable in single-room occupancy hotels--but only temporarily.

North CS; Smith EM; Spitznagel EL. **Is antisocial personality a valid diagnosis among the homeless?** *Am J Psychiatry*, 150(4):578-583, April 1993.

OBJECTIVE: It has been argued that among the homeless many of the features of antisocial personality may be artifacts of homelessness and that strict application of the diagnostic criteria may be insensitive to social and cultural factors in this group. The authors studied a large group of homeless men and women to investigate the appropriateness of the diagnosis of antisocial personality disorder among the homeless. **METHOD:** Six hundred homeless men and 300 homeless women were randomly selected from shelters and street locations in St. Louis and interviewed with the National Institute of Mental Health Diagnostic Interview Schedule. **RESULTS:** In this sample of homeless men and women, most, but not all, adult symptoms of antisocial personality disorder were significantly associated with number of childhood conduct disorder symptoms. The onset of symptoms of antisocial personality disorder usually preceded the onset of homelessness. The rates of antisocial personality disorder were not significantly affected by discounting the antisocial disorder symptoms thought to be confounded with homelessness. **CONCLUSIONS:** Overall, the data support the appropriateness of the diagnosis of antisocial personality disorder among homeless populations. It cannot be said from these data that homelessness often leads to antisocial behaviors.

Peden AR. **Music: making the connection with persons who are homeless.** *J Psychosoc Nurs Ment Health Serv*, 31(7):17-20, July 1993.

1. Persons who are homeless experience isolation and loneliness; many lack social skills or the ability to interact comfortably with others. A music program designed to increase socialization and relaxation of homeless persons using a multiservice shelter is described. 2. The use of music provides the psychiatric nurse an entry into therapeutic relationships and an opportunity to establish relationships with persons who often do not initiate contact with others. 3. Music promotes relaxation and interaction with others. Listening to music decreases loneliness and isolation. The music program was effective in fostering a sense of well-being and allowing the participants to join together in a meaningful activity.

Winkle CR; Ward-Chene DG. **Power, social support and HIV-related service use: the roles of community and homelessness.** *J Health Soc Policy*, 4:47-72, 1993.

Retrenchment of the Welfare State is often premised on the assumption that social support or community caring capacity can substitute for formal health and social services. We assert that the nature of this relationship depends on the nature of one's community. This paper examines social support and service use

among gay and non-gay, homeless and domiciled people with HIV infection. In general, membership in the gay community is associated with greater use of formal services. Part of this relationship is explained, for homeless people, by one's level of access to social support. This suggests that, for this group, access to formal services can be improved by improving access to social support. Much of the relationship between membership in the gay community and use of services is not explained by social support and may be due to other factors such as the power of the gay community to create services for itself.

1992

Belcher JR. **Poverty, homelessness, and racial exclusion.** Journal of Sociology & Social Welfare, 19(4):41-54, 1992.

This article reviews the societal forces that have made homelessness the end result of racial exclusion and inner city isolation. It argues that significant societal change is necessary to reduce racial exclusion and prevent homelessness. The author proposes the following set of elements to begin the change to bring about reform: first, national leaders must declare that the plight of many inner city African-Americans has reached crisis proportions; second, a strong national leadership has to be willing to risk offending entrenched elites, such as lending institutions; and third, an agenda for change to address severe and persistent poverty must be developed and implemented.

Koegel P. **Through a different lens: an anthropological perspective on the homeless mentally ill.** Cult Med Psychiatry, 16(1):1-22, March 1992.

Recent attempts to understand the emergence of a growing population of homeless mentally ill individuals have almost exclusively relied on epidemiological and clinical approaches, the result being an incomplete and even distorted perception of these people and their behavior. This paper describes gaps that currently exist in our understanding of the homeless mentally ill, focusing on the dearth of rich qualitative descriptions of lives in process, the overwhelming preoccupation with pathology and disaffiliation, the failure to view homeless mentally ill individuals in the broader socio-economic and situational contexts of their daily lives, the absence of a longitudinal perspective, and an over-reliance on self-report as a source of data. Data are offered from an ethnographic examination of the ongoing adaptation of 50 chronically mentally ill homeless adults in the downtown area of Los Angeles to suggest how research utilizing an anthropological perspective can fill some of these gaps. This discussion indicates by extension that anthropological research can provide policy-relevant insights in this critical area and that the study of homelessness and mental illness presents opportunities for anthropologists to pursue a variety of issues relevant to the field.

Schnabel P. **Down and out: social marginality and homelessness.** Int J Soc Psychiatry, 38:59-67, Spring 1992.

In the last ten years the problem of homelessness has been on the increase. Compared to sixty years ago, the homeless of today congregate more in the centers of big cities, adhere to a different lifestyle, and are socially, culturally and ethnically more diverse. Some indications of the scale of the problem in the Netherlands are

given, but the focus is on the role of psychiatry: in providing services to homeless mentally ill persons and in protecting communities against people who are considered bothersome or unfit for civil life. The development of systems of care for different categories of socially marginal people is discussed.

1991

Barak G. **Gimme shelter: a social history of homelessness in contemporary America.** New York, NY: Praeger Publishers, 1991.

This book provides a comprehensive description and critical analysis of the homelessness problem in the U.S. This study is grounded in those perspectives that can be traced to the disciplines of critical criminology and victimology. More fundamentally, this treatise is a social history in the tradition of elucidating the material social relations that structure the real world of power and exploitation in the U.S.

Fischer PJ; Breakey WR. **The epidemiology of alcohol, drug, and mental disorders among homeless persons.** American Psychologist 46(11):1115-1128, 1991.

This article describes recent research on the prevalence of alcohol, drug, and mental (ADM) disorders and the characteristics of homeless substance abusers and persons with mental illnesses. Methodological problems in homelessness research are reviewed, particularly in relation to definitions of homelessness and sampling- and case-ascertainment methods. Prevalence rates of ADM disorders are much higher in homeless groups than in the general population. As is true of homeless people in general, homeless substance abusers and mentally ill persons are characterized by extreme poverty; underuse of public entitlements; isolation from support networks; frequent contact with correction agencies; and poor health.

Francis MB. **Homeless families: rebuilding connections.** Public Health Nurs, 8(2):90-96, June 1991.

Young families are the fastest-growing group of homeless people in the United States. Many women have suffered violations of physical and sexual abuse, reduced income through divorce, and discrimination in seeking housing. Families have been disconnected from their homes, an adequate income, health care services, schools, and their families. Selected literature is reviewed to promote understanding and advocacy nursing for this high-risk population.

Goodman LA. **The relationship between social support and family homelessness: a comparison study of homeless and housed mothers.** Journal of Community Psychology 19:321-332, 1991.

This study investigated the nature of social support in the lives of 50 homeless mothers and 50 housed mothers receiving public assistance. The two samples were compared on: (1) the size and composition of their social networks; (2) the nature of the support they received; (3) the degree of contact they had with parents and other family members; and (4) their feelings about, or degree of trust in, social relationships. Contrary to

expectation, there were no differences between the housed and homeless respondents on any of the social support variables except one: the degree to which respondents expressed trust in their social networks significantly distinguished the two groups. The implications of these results are discussed in relation to other recent investigations of the nature of social support in the lives of homeless mothers. It is suggested that social isolation may be more a consequence than a cause of family homelessness.

Hoch C. **The spatial organization of the urban homeless: a case study of Chicago.** Urban Geography 12(2):137-154, 1991.

The social and economic status of SRO hotel residents and homeless shelter tenants is compared using the results of recent and historical Chicago survey data. The loss of SRO hotels and the Skid Row community leaves destitute individuals with few shelter options in the city housing market. Burdened with increased economic hardship and fewer housing options, a significant proportion of the very poor now live in the streets and public spaces of the city. The author suggests that the short-term solution to homelessness, temporary shelter, threatens to become a permanent solution as it solves the visibility and proximity problem the homeless pose for the more prosperous city users. He argues that isolation from communities that include a range of affordable housing types and working people with jobs and resources may cause the homeless to become a new group of spatially dispersed and institutionalized dependents.

Hopper K. **A poor apart: the distancing of homeless men in New York's history.** Social Research 59(1):107-132, 1991.

The author reviews approximately a half-century of history (from the 1890's through the Great Depression) and examines a succession of three constructs of homelessness, each of which serves to locate the figure of the homeless man in a kind of cultural limbo. He then asks how this distancing maneuver has informed the official response to homelessness. He argues that the rhetoric of disdain and the accompanying practice of institutional isolation may be read as ways of staying off a recognition of this society's complicity in the making of "unaccommodated men."

La Gory M; Ritchey F; Fitzpatrick K. **Homelessness and affiliation.** Univ. of Alabama, 1991.

Using data from a sample of 150 homeless persons in Birmingham, Alabama, this study examines the extent and nature of affiliation among homeless persons and the relationship between affiliation and personal efficacy. A 26-item scale measures affiliation; subscales assess expressive ties, instrumental supports, and acquaintances. Personal efficacy outcomes studied are depressive symptoms, anomie, mastery, physical and mental health, service knowledge, environmental satisfaction, and monthly income. Evidence suggests that the majority of homeless persons have a network of friends, relatives, and acquaintances. However, these networks differ from the general population=s and do not satisfy most homeless individual=s expressed need for support. The authors conclude that the severe multiple stressors of homelessness are so debilitating that even significant informal ties may not be enough to overcome them.

Rollinson PA. **Elderly single room occupancy (SRO) hotel tenants: still alone.** Social Work 36(4):303-308, 1991.

A disproportionate number of urban poor elderly people live in what is the nation's least desirable housing stock - single room occupancy (SRO) hotels. A study was conducted in SRO's in a Chicago neighborhood, and data were collected on the experiences of 53 elderly tenants. The findings suggest that the hotel environment exacerbated isolation for the elderly tenants and indicate that they were in desperate need of social services. Social workers are called on to bring health and human services directly to SRO hotels.

Segal SP; Kotler PL; Holschuh J. **Attitudes of sheltered care residents towards others with mental illness.** Hospital and Community Psychiatry 42(11):1138-1143, 1991.

This paper reports the results of a study in which the attitudes of persons with serious mental illness toward one another were examined, and compared to those of the general population. In addition, the authors examined two factors that may affect former patients' attitudes - individual characteristics and experiences likely to promote identification with the mentally ill and self-reported psychological distress. Compared with the general public, former patients were more willing to have more personal contact with other former patients. Identification-enhancing experiences, which were represented by independent variables in the model, generally tended to be associated with a greater acceptance of peers. Results confirm the hypothesis that mutually supportive attitudes develop within a subgroup formed around a particular shared characteristic - especially when this characteristic leads to increased isolation from the general community.

Shinn M; Knickman JR; Weitzman BC. **Social relationships and vulnerability to becoming homeless among poor families.** Am Psychol, 46:1180-7, November 1991.

This study compares social relationships of 677 mothers requesting shelter with those of 495 housed mothers. randomly selected from public assistance caseload in NYC. Women seeking shelter had experienced higher levels of varied childhood and adult events indicative of disruptions in social relationships. Contrary to our hypothesis, they were more likely than housed mothers to have had recent contact with parents, other relatives, and friends, but they felt less able to use these resources for help with current housing needs. More than 3/4ths of families seeking shelter had already stayed with members of their social network in the past year. The data suggest that they had used up potential sources of support before turning to public shelter.

1990

Chafetz L. **Withdrawal from the homeless mentally ill.** Community Mental Health Journal 26(5):449-461, 1990.

This article discusses the problem of providing sensitive psychiatric services to homeless clients, and examines the mutual withdrawal that occurs between disaffiliated, distrustful clients and their psychiatric caregivers. In public psychiatric services, particularly in walk-in and crisis units serving the homeless, mental health problems are often complicated by the anger, resentment, and alienation engendered by extreme poverty and isolation. The responsibility for reaching out effectively to such clients clearly rests with staff, yet providers themselves may be overwhelmed by clinical problems, unprepared to deal with social and economic

needs, and finally, too demoralized to pursue what they perceive as improbable goals, or "lost causes." The author concludes by suggesting ways to support and direct clinicians working with the homeless, both through initiatives within services and more formal training programs.

Golding JM; Wells KB. **Social support and use of mental health services by Mexican Americans and non-Hispanic whites.** Basic and Applied Social Psychology, 11(4):443-458, 1990.

It has been hypothesized that lack of social resources is associated with use of professional mental health services. Social resources may also have different relationships to mental health service use in cultural groups whose attitudes about use differ. This study tested these hypotheses using survey data from 1,149 non-Hispanic Whites and 1,244 Mexican Americans. The unmarried were more likely than the married to seek help from informal sources. People with little social support from their spouse or relatives were more likely to consult professional providers. Associations of social resources with help seeking did not decrease substantially when psychiatric disorder was controlled, suggesting that these relationships are direct, rather than being mediated by effects of social support on mental health status. Social resources had similar associations with help seeking among Mexican Americans and non-Hispanic Whites.

Grigsby C; Baumann D; Gregorich SE; Roberts-Gray C. **Disaffiliation to entrenchment: a model for understanding homelessness.** J social Issues, 46(4): 141-56, 1990.

This article argues that disaffiliation and reaffiliation processes are key to understanding entrenchment in homelessness and developing remediation strategies. Survey data collected from 166 homeless persons in Austin, Texas, identified four clusters: (1) the Arecently dislocated@ have small social networks and mild mental health problems; (2) the Avulnerable@ have been homeless longer, have fewer people in their social networks, and border on severe dysfunction; (3) the Aoutsiders@ have been homeless about as long as the vulnerable but have much larger social networks and function as well as the Arecently dislocated;@ and (4) the Aprolonged@ have been homeless for more than five years, have few people in their networks, and appear moderately dysfunctional. Comparison of life experiences of these four groups provide information on the social processes leading toward entrenchment in homelessness.

Grunberg J; Eagle PF. **Shelterization: how the homeless adapt to shelter living.** Hosp Community Psychiatry, 41(5):521-525, May 1990. Comment in: Hosp Community Psychiatry, 41(12):1357-9, December 1990.

Emergency shelters have become the backbone of the service delivery system to the homeless. Particularly in large shelters, crime is a pervasive aspect of life. But despite the dangers of shelter living, many residents do not flee; instead they develop coping strategies that provide them with a feeling of mastery unparalleled on the outside. This adaptation process, which the authors call "shelterization," is characterized by a decrease in interpersonal responsiveness, a neglect of personal hygiene, increasing passivity, and increasing dependency on others. The authors suggest that the shelterization process may be ameliorated by helping homeless persons establish positive social networks and affiliations with social service and mental health providers. They believe onsite psychosocial rehabilitation programs can foster such affiliation by offering a therapeutic alternative to the shelter subculture.

Hier SJ, Korboot PJ; and Schweitzer RD. **Social adjustment and symptomatology in two types of homeless adolescents: runaways and throwaways.** *Adolescence* 25(100):761-771, 1990.

Previous research on homeless adolescents has largely ignored the distinction between those who have left home on their own volition (runaways), and those who have been forced to leave (throwaways). Fifty-two homeless adolescents in Brisbane, Australia, were assessed to compare male and female runaways and throwaways for social adjustment and symptomatology. Differences for social adjustment (antisocial tendencies and aggression) and symptomatology (social isolation and depression) were predicted. Results indicated that male runaways were significantly more hostile than male throwaways and female runaways. Yet homeless males overall had a significantly stronger urge to act out hostility than homeless females. In addition, female throwaways were significantly more antisocial than male throwaways. There were no significant differences for depression. A theory of inner social control, postulating absence of bonding in earlier socialization, was supported.

Malloy C, Christ MA, Hohloch FJ. **The homeless: social isolates.** *J Community Health Nurs*, 7(1):25-36, 1990.

Within the last 10 years, homelessness has emerged as one of the leading social problems in the United States. This article contains the findings of a descriptive study of the characteristics and health status of a homeless population in a southeastern city. The homeless population is of interest to nurses because it is representative of a specific disadvantaged group, seriously at risk for a myriad of physical and mental problems. The theoretical model, Social Disaffiliation, can serve as a basis for intervention with a variety of underserved or unserved population groups and the data presented provide study was conceived as a way to gather empirical evidence about the specific health-care needs of the community's homeless, to generate a data base on which to estimate that need, and to use the findings to support the establishment of an innovative practice model, a nurse-managed clinic. The literature suggests that on-site clinics, located in emergency shelters, are effective approaches to providing acceptable and accessible health care to the homeless. Nurses are well prepared to be a key part of the solution to one of the most serious problems facing health care in the U.S. today.

Rossi PH. **The old homeless and the new homelessness in historical perspective.** *American Psychologist* 45(8):954-959, 1990.

This article examines changes in homelessness since the 1950s and 1960s. Based on his review of 40 studies of the homeless, the author discusses differences between the "old" and the "new" homeless. The old homeless were mainly older men living in cheap hotels on skid row. The new homeless are much younger, more likely to be minorities, and large numbers sleep on the streets or in public places. In addition, the author notes the presence of sizable numbers of women and families among the new homeless. He concludes with a discussion of similarities between the old and new homeless. These include conditions of extreme poverty; the same levels of mental illness, alcoholism, and physical disability; and similar patterns of social isolation.

1989

Martin M; Nayowith S. **Creating community: groupwork to develop social support networks with homeless mentally ill.** Social Work with Groups 11(4): 79-93, 1989.

The use of groups and social group work skills can create social support networks and community among mentally ill homeless persons. Examples are groups developed by workers on a mobile mental health outreach unit, in a drop-in center, and in a single room occupancy hotel. Individual case studies are used to show how group work can help homeless mentally ill individuals make the transition to housing.

1988

Gelberg L; Linn LS. **Social and physical health of homeless adults previously treated for mental health problems.** Hosp Community Psychiatry, 39:510-6, May 1988.

A total of 529 homeless adults in Los Angeles Co. were surveyed to determine the relationship between their previous use of mental health services and their physical health status, use of medical services, personal habits affecting health, experience of injury and victimization, and perceived needs. Homeless adults with a previous psychiatric hospitalization were more likely to have experienced serious physical symptoms during the previous month than those who had used only outpatient mental health services or who had never used mental health services. They reported more reasons for not obtaining needed medical care, were more likely to obtain food from garbage cans, and had the least adequate personal hygiene. They did not differ from the other groups on most measures of nutrition, social relations, and financial status. The most frequently expressed needs of the homeless were for improved social relations, employment, shelter, and money.

1987

Appleby L; Desai P. **Residential instability: a perspective on system imbalance.** American Journal of Orthopsychiatry 57(4):515-524, 1987.

In an exploration of residential instability and recidivism in chronic mental patients, 215 psychiatric admissions were followed for a year after the initial episode. In addition to an unusually high incidence of residential mobility, a relationship between mobility and number of hospitalizations was evident, as were isolation, disruptive family situations, and homelessness.

Rook KS. **Social support versus companionship: effects on life stress, loneliness, and evaluations by others.** Journal of Personality and Social Psychology, 52(6):1132-1147, 1987.

Much interest has focused on delineating and contrasting specific functions of social relationships that contribute to psychological well-being. Five studies contrasted the roles of companionship and social support in buffering the effects of life stress, in influencing feelings of loneliness and social satisfactions, and in

affecting others' judgments. Considered together, the results of these studies suggest that companionship plays an important and more varied role in sustaining emotional well-being.

1986

Fischer PJ; Shapiro S; Breakey WR; Anthony JC; Kramer M. **Mental health and social characteristics of the homeless: a survey of mission users.** Am J Public Health, 76:519-24, May 1986.

Selected mental health and social characteristics of 51 homeless persons drawn as a probability sample from missions are compared to those of 1,338 men aged 18-64 years living in households from the NIMH Epidemiologic Catchment Area survey conducted in Eastern Baltimore. Differences between the two groups were small with respect to age, race, education, and military service but the differences in mental health status, utilization patterns, and social dysfunction were large. About one-third of the homeless scored high on the General Health Questionnaire which measures distress. A similar proportion had a current psychiatric disorder, with the homeless exhibiting higher prevalence rates in every DIS/DSM III diagnostic category than domiciled men. Homeless persons reported higher rates of hospitalization for both mental (33% vs. 5%) and physical (20% vs. 10%) problems but a lower proportion received ambulatory care (41% vs. 50%). Social dysfunction among the homeless was indicated by fewer social contacts and higher rates of arrests as adults than domiciled men (58% vs. 24%), including multiple arrests (38% vs. 9%) and felony convictions (16% vs. 5%). Implications of these findings are discussed in terms of research and health policy.

1984

Boondas J. **The despair of the homeless aged.** Journal of Gerontological Nursing 11(4):9-14, 1984.

According to the author, older Americans who are homeless suffer from the effects of poor health, extreme poverty and social isolation. For many elderly individuals, a series of events, losses, and pressures can be so overwhelming that their life patterns are disrupted and they are catapulted into a life on the streets. According to the author, the problem has become a definable social issue of unknown costs and consequences to the taxpayer.

Cohen NL; Putnam JF; Sullivan AM. **The mentally ill homeless: isolation and adaptation.** Hosp Community Psychiatry, 35:922-4, September 1984.

Project HELP was established in New York City in 1982 as a mobile outreach unit providing crisis medical and psychiatric services to impaired homeless persons. The authors describe the demographic characteristics of the population served, the disposition of patients accepting treatment or shelter services, and the adaptation of the homeless to weather extremes. They discuss the difficulties in providing services to a population whose members are distrustful of authority and are unwilling to provide information about themselves. They conclude that the more disaffiliated members of the homeless population, such as those served by Project HELP, need even more extensive services than the homeless who use some kind of existing sheltered care, and they suggest various kinds of services to meet their needs.